FIRST NATION OF NA-CHO NYÄK DUN

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Policy Title	**Spay and Neuter Assistance Program Policy**		
Policy Code	**FNNND-GOV-V1-SNAP**		
Department/Portfolio	Government (GOV)	**Sub-Category**	Administrative
Amend/Repeal Authority	Chief and Council	**Effective Date**	**10/07/2026**

1.0 Scope

1.1 This Policy is issued under the authority of the First Nation of Na-Cho Nyäk Dun Council.

1.2 This Policy applies to eligible FNNND Citizens seeking assistance for the spaying and neutering of dogs and cats.

2.0 Purpose

2.1 To support responsible pet ownership, improve animal welfare, and assist in managing dog and cat populations within the community.

3.0 Policy

3.1 Eligibility

a. Applicants must be enrolled Citizens of FNNND.
b. Funding is limited to two (2) animals per household.
c. Funding is available only once per household.
d. Applicants must submit a completed application and proof of a confirmed appointment with Alpine Veterinary Medical Centre at least fourteen (14) calendar days before the appointment.
e. The application must include the confirmed appointment date and time.
f. Applications without appointment confirmation will be considered incomplete.
g. Approval must be received from FNNND before the veterinary appointment. Expense incurred before approval will not be reimbursed.

h. Completed applications and appointment confirmations must be submitted to FNNND Council through the Councillor responsible for administering the spay and neuter Assistance program.

3.2 Financial Assistance

a. FNNND will cover up to 70% of eligible veterinary costs to a maximum contribution of $1,000 per animal.
b. The owner is responsible for the remaining 30% of costs.
c. Payment will be made directly to Alpine Veterinary Medical Centre through an approved Purchase Order process. Funds will not be paid directly to applicants.
d. Applicants must ensure they have sufficient funds available to cover their portion of costs before the appointment.
e. Assistance is subject to the availability of approved program funding. Meeting the eligibility requirements does not guarantee funding where the program's approved budget has been fully committed.

3.3 Eligible Expenses

Eligible expenses directly associated with the approved spay and neuter procedure may include:

a. Spay or neuter surgery fees;
b. Required medications associated with the procedure;
c. Required post-operative medications;
d. Required recovery supplies and home-care items prescribed by the veterinarian.

3.4 Ineligible Expenses

The following are not covered under this program:

a. Vaccinations;
b. Diagnostic testing unrelated to the procedure;
c. Emergency veterinary services;
d. Treatment of illnesses or injuries;
e. Dental, boarding, grooming, or euthanasia services;
f. Travel and any Transportation, fuel, airfare, accommodations, and meals;
g. Any veterinary service not directly related to the approved spay or neuter procedure.

3.5 Owner Responsibilities

Owners are responsible for booking appointments, arranging transportation, providing aftercare, and following all veterinary instructions.

a. Booking and confirming the veterinary appointment;
b. Submitting the required application and appointment confirmation with the required timeframe;

c. Arranging Transportation for the animal(s);
d. Paying the 30% of the owner's required portion;
e. Providing appropriate care for the animal before and after the procedure;
f. Following all instructions and recommendations provided by the veterinarian;
g. Any additional veterinary services requested or authorized by the owner that are not covered by this policy are the sole financial responsibility of the owner.

3.6 Liability

Participation in this program is voluntary and at the owner's sole risk. FNNND assumes no responsibility or liability for injury, illness, complications, loss, damage, or death of an animal resulting from transportation, veterinary treatment, surgery, medications, or recovery.

a. Participation in the Spay and Neuter Assistance Program is voluntary.
b. FNNND provides financial assistance only and does not provide, direct, supervise, or control veterinary services.
c. To the extent permitted by law, FNNND assumes no responsibility or liability for injury, illness, complications, loss, damage, or death of an animal arising from or associated with transportation, veterinary assessment or treatment, surgery, anesthesia, medications, aftercare, or recovery.
d. Decisions regarding the medical treatment and care of an animal remain between the animal owner and the veterinary service provider.

3.7 Program Administration

a. FNNND administration is responsible for receiving applications, confirming eligibility, processing approved Purchase Orders, and maintaining appropriate program records.
b. Approval under this program applies only to the animal and veterinary appointment identified in the approved application.
c. Changes to an approved appointment should be communicated to FNNND administration as soon as possible and may require updated approval or Purchase Order documentation.
d. FNNND reserves the right to request additional information reasonably required to confirm eligibility or process an application.
e. The Councillor listed below (and updated in this policy as needed) is responsible for managing and coordinating the program on behalf of Council, including receiving applications, confirming that applications are complete, coordinating approvals and Purchase Orders with FNNND administration, and maintaining appropriate program records.

Applications and questions regarding the program may be directed to:

Councillor Helaina Moses

Email: helaina.moses@nndfn.com

Phone: 867-996-2265 ext. 207

3.8 Exceptions

Any exception to this Policy must be approved in accordance with FNNND's applicable financial and administrative authorities.

a. As an exception to the standard seventy percent (70%) funding contribution, FNNND will cover one hundred percent (100%) of eligible veterinary costs, up to the program maximum of $1,000 per animal, for eligible Citizens who are:

    i. Currently receiving Social Assistance or Disability assistance; and
    ii. Currently unemployed.

b. Applicants requesting one hundred percent (100%) coverage may be required to provide confirmation of their current Social Assistance or Disability status and unemployment status.
c. All other eligibility requirements, maximum funding limits, eligible and ineligible expense rules, missed appointment requirements, and owner responsibilities under this Policy continue to apply.
d. All other eligibility requirements, maximum funding limits, eligible and ineligible expense rules, missed appointment requirements, and owner responsibilities under this Policy continue to apply.

4.0 Version Control

This policy's first version (V1.0) was first ratified on **10/07/2026.**

4.1 Effective Date and Review

This Policy comes into effect on the date approved by FNNND Council.

This Policy may be amended or reviewed by FNNND Council as required.

Council Approval Date: October 7, 2026

Council Resolution Number: #223-2026

Effective Date: October 7, 2026

The following table tracks prior versions of this policy:

Version Control	Date of Effective Changes	Approved By (CNCR, AR #)	Bulleted Summary of Changes
Replaces: **With:**			●

5.0 Related Governing Docs

- N/A

6.0 Attachments/Templates/Resources

A. FNNND Spay and Neuter Assistance Program Application Form

7.0 Related Resolutions, Regulations and Other

- November 9, 2024 SGA Resolution #02 DOG BYLAW - passed by consensus

A. FNNND Spay and Neuter Assistance Program Application Form

REQUIRED DOCUMENTS CHECKLIST

☐ Completed Application Form
☐ Appointment Confirmation from Alpine Veterinary Medical Centre
☐ Additional documentation requested by FNNND

APPLICANT INFORMATION

Name: _____ Phone Number: _____

Email: _____

APPOINTMENT INFORMATION

Appointment Date: _____ Appointment Time: _____

Confirmation Number: _____ Date Appointment Booked: _____

ANIMAL #1

Name: _____ Dog / Cat: _____

Breed: _____ Age: _____

Sex: ☐ Male ☐ Female

Procedure: ☐ Spay ☐ Neuter

ANIMAL #2

Name: _____ Dog / Cat: _____

Breed: _____ Age: _____

Sex: ☐ Male ☐ Female

Procedure: ☐ Spay ☐ Neuter

APPLICANT DECLARATION

☐ I have attached proof of my appointment.
☐ I understand applications must be submitted at least 14 days before the appointment.
☐ I understand FNNND pays up to 70% of eligible costs to a maximum of $1,000 per animal.
☐ I am responsible for the remaining 30% and all ineligible expenses.
☐ I understand FNNND is not responsible for injury, illness, complications, damages, losses, or death of my animal.
☐ I certify the information provided is true and accurate.

Signature: _____

Date: _____

OFFICE USE ONLY

Application Received: _____

Purchase Order Number: _____

Approved By: _____

☐ Approved ☐ Denied